

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

18343

Registrar's No.

4

FILED JUN 10 1945-1-3 202

Primary Registration District No. 202-4313

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Elmer
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community. years, months or days)

3. (a) PRINT FULL NAME JAMES OSCAR SAWYER

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Beargann Sawyer 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased March 4 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 2 16 hr. min.

9. Birthplace Shelby County, Ill.
(City, town or county) (State or foreign country)

10. Usual occupation Retired Railroadman

11. Industry or business

12. Name James Sawyer 13. Birthplace Ill.
(City, town or county) (State or foreign country)

14. Maiden name Unknown 15. Birthplace Unknown
(City, town or county) (State or foreign country)

16. (a) Informant Mrs. Beargann Sawyer
(b) Address Elmer
17. (a) Burial (b) Date thereof (Month) (Day) (Year)
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove - Milon

18. (a) Signature of funeral director Clyde McElm
(b) Address Elmer Mo.
19. 62-22-43 (b) Minnie Fred
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon
(c) City or town Elmer
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1945 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 1 1943 to May 20 1945
that I last saw him alive on May 20 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis
(Chronic Rheumatic)
Due to Pericarditis
(Chronic Rheumatic)
Due to

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 90a
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury 2
23. Signature Thos. D. Sch (M, D. or other) 20
Address Elmer Mo. Date signed 5-20-45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

105 X

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 6-43-1663

Date Filed JUN 8 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Clyde M. Callum

Licensed Embalmer No. 3226

P. O. Address

Elmer, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.